



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200008

CITY OR TOWN TRURO

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HATHAWAY ENTERPRISES, INC.

DOING BUSINESS A DUTRA'S MARKET

ADDRESS 2 HIGHLAND RD

CITY/TOWN: TRURO

STATE: MA

ZIP CODE: 02652

MANAGER: HATHAWAY,KARETYPE OF LICENSE:Package Store
N

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 1/2 STORY BLDG WITH ONE SALESROOM FOR GROCERIES. ONE SMALL ROOM FOR LIQUOR AND BACK ROOM FOR STORAGE. ONE ENTRANCE AND EXIT IN FRONT OF BLDG AND 2 DOORS IN REAR FOR RECEIVING. BASEMENT FOR STORAGE, 1/3 SIZE OF STORE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200009

CITY OR TOWN TRURO

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAMET VALLEY PACKAGE, INC.

DOING BUSINESS AS

ADDRESS 172 RTE 6

CITY/TOWN: TRURO

STATE: MA

ZIP CODE: 02666

MANAGER: GAINEY, JOHN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 1/2 STORY BLDG WITH BASEMENT; FIRST FLOOR HAS 4 ROOMS; SECOND FLOOR HAS ONE ROOM. BASEMENT HAS 4 ROOMS FOR STORAGE OF LIQUOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200019

CITY OR TOWN TRURO

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BADDOCS INC

DOING BUSINESS AS MONTANO'S RESTAURANT

ADDRESS 481 RTE 6

CITY/TOWN: TRURO

STATE: MA

ZIP CODE: 02652

MANAGER: MONTANO,
ROBERT C

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 1/2 STORY BLDG, TWO CELLARS. FIRST FLOOR WITH 3 ROOMS, RESTAURANT,
LOUNGE. CELLAR, STORAGE

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129200034

CITY OR TOWN TRURO

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEACH POINT HEALTH AND SWIM CLUB,LLC

DOING BUSINESS AS

ADDRESS 217 SHORE ROAD

CITY/TOWN: TRURO

STATE: MA

ZIP CODE: 02666

MANAGER: SILVA, ALBERT

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE BLDG. IS A 5,000 SQ. FT. COMPLEX HOUSING A 50' POOL, KIDDIE POOL, HOT TUB, SAUNA, STRAM ROOM, EXERCISE ROOM, 3 PRIVATE SHOWERS, 2 BATHROOMS, EXITS ARE LOCATED ON EACH END OF THE BLDG. AND IN THE REAR OF THE BLDG.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

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LICENSE NUMBER: 129200035

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CLASS

YEAR

LICENSEE NAME: TRURO VINEYARDS OF CAPE COD LLC

DOING BUSINESS AS TRURO VINEYARDS OF CAPE COD

ADDRESS 11 SHORE ROAD

CITY/TOWN: TRURO

STATE: MA

ZIP CODE: 02666

MANAGER: ROBERTS, DAVID J. TYPE OF LICENSE: Pouring Permit

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A FARM WINERY WITH BOTH INDOOR AND OUTDOOR TASTING AREA (WEATHER DEPENDENT). INDOOR TASTING ROOM HAS FOUR ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

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